

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30689

1. Entity Name

OCEAN SIDE OWNERS ASSOCIATION, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90121 023 ****61.25

Principal Place of Business

Mailing Address

C/O ~~SONNY MARTIN~~ HELEN BRADLEY 94
94 OCEANSIDE
ATLANTIC BCH FL 32233
US

C/O ~~SONNY MARTIN~~ HELEN BRADLEY
94 OCEANSIDE
ATLANTIC BCH FL 32233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

~~MARTIN, SONNY~~
~~33 OCEANSIDE~~
~~ATLANTIC BCH FL 32233~~

HELEN BRADLEY

94 OCEANSIDE

ATLANTIC BEACH FL

32233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARREN, TOM
74 OCEANSIDE
ATLANTIC BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARTIN, SONNY
33 OCEANSIDE
ATLANTIC BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OAKLY, DAFFIN
54 OCEANSIDE
ATLANTIC NEALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HELEN BRADLEY
94 OCEANSIDE
ATLANTIC BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 (904)247-3377
Date Daytime Phone #

CR2E037 (10/00)